

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent # 10/525764		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
REFUND REQUESTED: 04-FC-1631 030023531		7 TOTAL AMOUNT OF REFUND: \$500.00	030023536
LAW FEE REFUND TOTAL: \$500.00		8 TO BE REFUNDED BY: Credit Deposit A/C #: \$500.00	
10 REASON: VISA....: XXXXXXXX8531		Treasury Check VISA....: XXXXXXXXXXXX8531	
Overpayment		Credit Deposit A/C #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Duplicate Payment		9 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <input type="text"/>		TITLE: <input type="text"/>	
SIGNATURE: <input type="text"/> 50.00 OP		PHONE: <input type="text"/> -500.00 OP	
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****			
APPROVED: <input type="text"/>		DATE: <input type="text"/>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B